

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: SULLIVANS 716 (0008679)

Address: 716 WASHINGTON STREET, WAUSAU, WI 54403

License Status: REGULAR

Licensed/Certified/Registered 01/01/2000

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0095279 **End Date:** 07/13/2005 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0090493 **End Date:** 06/04/2003 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10005181 Served 06/23/2003

Deficiencies Cited

83.33(3)(a)1

83.33(3)(b)1

Subject Area

PRACTITIONER'S WRITTEN ORDER FOR MEDS

CONTROL

Compliance

Verified

07/13/2005

07/13/2005

Corrected

Yes

Yes

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